

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (Received)
APR 09 2018
Bayfield Co. Zoning Dept.



Permit #:	18-0136
Date:	5-17-18
Amount Paid:	\$325 4-10-18 \$175 4-10-18
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input checked="" type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER							
Owner's Name: Rayne J. Edinger		Mailing Address: 318 5 th Ave E		City/State/Zip: Ashland WI 54806		Telephone:	
Address of Property: 66010 County F		City/State/Zip: Mason, WI 54856				Cell Phone: 715-764-2945	
Contractor: North Country Carpenter		Contractor Phone: 715-764-2945		Plumber: Blakeman Plumbing		Plumber Phone: 715-685-1702	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID# 21809		Recorded Document: (i.e. Property Ownership) 1095 383	
SW 1/4, SW 1/4		Gov't Lot		Lot(s)		CSM	
				Vol. & Page 1095-38398		Lot(s) No.	
				Town of: Keystone		Block(s) No.	
Section 24, Township 47 N, Range 06 W				Lot Size		Acreage 28.8	

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland	Non-Navigable Stream Per WI DNR			

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$125,000.00	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: H-T	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: 44'	Width: 28'	Height: 18'
Proposed Construction:	Length: 44'	Width: 28'	Height: 18'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(44 X 28)	1232
	<input checked="" type="checkbox"/>	with Loft	(X)	
	<input checked="" type="checkbox"/>	with a Porch	(8' X 8')	64
	<input checked="" type="checkbox"/>	with (2 nd) Porch	(12 X 28)	336
<input type="checkbox"/> Commercial Use	<input checked="" type="checkbox"/>	with a Deck	(X)	
	<input checked="" type="checkbox"/>	with (2 nd) Deck	(X)	
	<input checked="" type="checkbox"/>	with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input checked="" type="checkbox"/>	Accessory Building (specify) NEW Garage	(28 X 32)	896
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	Separate Application
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Rayne J. Edinger Lacy Edinger Date 4-7-2018
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 318 5th Ave E. Ashland WI 54806
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (*):

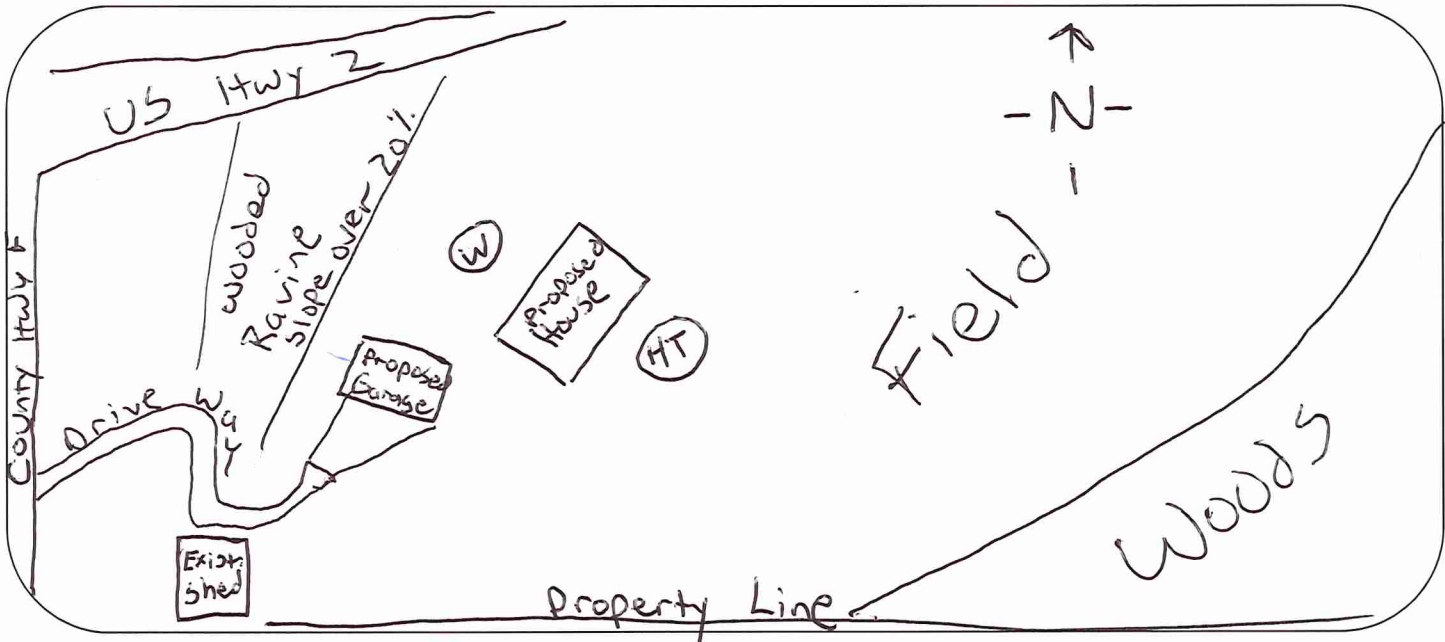
(*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show:

All Existing Structures on your Property
- (5) Show:

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*):

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*):

(*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement		Description	Measurement
Setback from the Centerline of Platted Road	500	Feet	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way	N/A	Feet	Setback from the River, Stream Creek Non-Nat	75
			Setback from the Bank or Bluff	
Setback from the North Lot Line	600'	Feet		
Setback from the South Lot Line	85	Feet	Setback from Wetland	
Setback from the West Lot Line	500	Feet	20% Slope Area on the property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	800	Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	30	Feet	Setback to Well	25
Setback to Drain Field	N/A	Feet		
Setback to Privy (Portable, Composting)		Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: New		# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:					
Permit #: 18-0136		Permit Date: 5-17-18					
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No		Mitigation Required		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No		Mitigation Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Affidavit Required	
						Affidavit Attached	
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Case #: NA				Case #: NA			
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: Large lot across RR Grade. Non-Nat. Stream. Project location as represented appears to be Code Compliant.						Zoning District (Ag 1)	
						Lakes Classification (1)	
Date of Inspection: 4/23/2018		Inspected by: Robert Schlerman				Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)							
Must Contact Local (Uniform Dwelling Code inspection agency and Secure Building Permit as required by State Statute.							
Signature of Inspector: [Signature]						Date of Approval: 4/24/2018	
Hold For Sanitary: <input checked="" type="checkbox"/>		Hold For TBA: <input checked="" type="checkbox"/> OK 4/24		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	